

22500 Salamo Road, No. 200 West Linn OR 97068 www.westlinnoregon.gov (503)657-0331 (FAX) (503)742-8608

CITY OF WEST LINN APPLICATION FOR EMPLOYMENT

The City of West Linn is an Equal Employment Opportunity/Affirmative Action Employer. All qualified persons will be considered for employment without regard to race, color, religion, sex, national origin, age, marital status, mental or physical disability. NOTE: Applicants who consider themselves disabled under federal or state law and desire assistance, should contact the Director of Human Resources at (503) 657-0331.

INSTRUCTIONS

- 1. Print in ink or type. Applications are also available on our web site located at www.westlinnoregon.gov
- 2. Fill out the application completely. If you wish to be considered for more than one job opening or position, you may be required to file a new application. Incomplete applications will not be processed.
- 3. Sign and date the application.
- Mail or bring the application to the Human Resources Department located at West Linn City Hall, 22500 Salamo Road, West Linn, OR 97068.
- Submit your application by the posted closing date. Applications submitted after the closing date will not be considered. RESUMES WILL NOT BE CONSIDERED IN LIEU OF A COMPLETED APPLICATION.

Position Applied For:								
Personal Information								
Name:	(Last), (First)(Middle)							
Home Phone:		Business Phone:			Message Phone) :		
E-Mail:								
Address (street):			City:					
State:			Zip:					
Are you 18 years of age or older? □Yes □No		Do you have a currer Driver's License? (If applicable)	Oriver's License? ☐Yes ☐No cu		Do you have current valid (If applicable	CDL?	□Yes □No	
have a work perr	J.S. citizen, do you mit to work in the U.S.?	Yes No (If yes, you must show a copy at the time of application).						
Do you have relatives employed by the City of West Linn? ☐ Yes ☐ No			yes, name of employee):					
Police Officer Applicants Only								
If you are applying for the position of Police Officer, are you over the age of 21? ☐ Yes ☐ No			Are you currently certified as a ☐Yes ☐No ☐No					
State Certified:		Date Certified:						
		E	DUCATIO	DN .				
Name & Location of High School, GED, College, Institute				Title of Course or Degree Program			Degree/ Certificate, Units	
Memberships, Certifications, Special Skills								
Professional Memberships & Affiliations (List Below)				Computer Technical Skills/Applications (List Below)				
Trade Licenses/Certifications (List Below)				Equipment Operation (List Below)				
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EMPLOYMENT HISTORY

List below all work experience for the past seven to ten years beginning with your present or most recent employment. Explain all gaps in employment. (Use additional paper if necessary).

Current or Last Employer Employment Dates Employing Firm: Your Job Title: From: To: Employer Address: (Street) **Employment Status** (City) (State) (Zip) **Full Time** Supervisor Name & Title: Supervisor Telephone: Part Time May we contact? Volunteer ☐ Yes ☐ No Reason for Leaving: Salary: Your Specific Job Duties: (Use additional paper if necessary) **Previous Employer Employment Dates** Employing Firm: Your Job Title: From: To: **Employer Address:** (Street) **Employment Status** (City) (State) (Zip) Full Time Supervisor Name & Title: Supervisor Telephone: Part Time May we contact? Volunteer Yes [No Reason for Leaving: Salary: Your Specific Job Duties: (Use additional paper if necessary) Previous Employer **Employment Dates** Employing Firm: Your Job Title: From: To: Employer Address: (Street) **Employment Status** (City) (State) (Zip) Full Time Supervisor Name & Title: Supervisor Telephone: Part Time May we contact? Volunteer ☐ Yes ☐ No Salary: Reason for Leaving: Your Specific Job Duties: (Use additional paper if necessary) I certify that all statements on this application are true and complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal. I authorize the City of West Linn to make any necessary and appropriate investigations to verify the information contained herein, including calling my former or present employer.

Date: __

Signature_

CITY OF WEST LINN Human Resources

Recruitment Tracking Statistics

This form is voluntary and only used for statistical purposes.

Position applied for:							
Birthdate:	Sex: Female Male						
How did you learn of this vacancy:							
:							
ETHNIC CATEGORY							
☐Caucasian	Not of Hispanic origin). All persons having origins in any of the original eoples of Europe, North Africa, or Middle East.						
☐African American	(not of Hispanic origin). All persons having origins in any of the ethnic groups.						
□Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.						
☐Asian or Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa and India.						
☐Native American	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.						

An Equal Opportunity Employer

We are dedicated to a policy of non-discrimination in employment on the basis of race, religion, color, sex, sexual orientation, gender identity, marital status, familial status, domestic partnership, national origin, political affiliation, age, genetic information, mental or physical disability credit history, or source of income.

THIS DATA WILL BE KEPT IN A SEPARATE CONFIDENTIAL FILE FROM YOUR EMPLOYMENT APPLICATION DURING THE SELECTION PROCESS.